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FOCAL POINT

A National Bulletin on Family Support and Children's Mental Health



Building on Strengths
in Community Settings



Spring, 2002

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We invite our audience to submit letters and comments: Janet Walker, Editor, walkerj@rri.pdx.edu



Research and Training Center
on Family Support and
Children's Mental Health (RTC)





Ashley (right), Tasha (second from left), and two other participants from Friends of the Children. See articles on pages 5–7.

BUILDING ON STRENGTHS IN COMMUNITY SETTINGS

Strengths-based practice is not just about supporting consumers as they identify and use their own positive capacities and assets. It is also about finding community assets which help link the consumer to these potential informal and community supports. For many people—consumers and providers alike—there is a great appeal to the idea of building an individual's strengths while drawing on the community to build a supportive, individualized network of relationships and involvements. Yet when it comes down to planning and providing services and supports for children with emotional and behavioral disorders and their families, it is often difficult to see whether the desire to use a strengths-based approach has actually led to anything different from services as usual.

As part of a current research project, staff at the RTC have been examining a particular type of strengths-based practice—individualized services planning (ISP) teams, also often known as wraparound teams. Ideally, and where feasible,

these teams include youth consumers, caregivers, professionals, and key members of the family's informal and community networks. Teams are given the specific task of using a strengths-based approach to build the positive capacities of the child or youth and the family, using strategies which increase their integration with informal networks and community supports. Yet despite having this explicit goal, ISP teams are only very rarely successful in facilitating community-based, asset-enhancing supports for children and youth or for their families. Team members clearly recognize this shortcoming. Over and over, family members and professionals point out that, in failing to help the child and family develop community and natural supports, the teams were failing in a central aspect of their mission. Team members offer a number of reasons for why this challenge is such a difficult one. Among these reasons, three in particular stand out:

1. **Doubts**—ranging from hard-core skepticism to subtle insecurity—about how, or even

whether, strengths-based practice can actually lead to good outcomes for children and families.

2. **A mind-set** regarding services which is conditioned by traditional training and practice.

3. **Difficulty** envisioning, creating, and sustaining appropriate, community-based opportunities which nurture the strengths of children and youth with challenging behaviors.

Doubts regarding the efficacy of strengths-based approaches in this population are not completely unfounded. The field indeed lacks evidence that strongly supports the effectiveness of strengths-based practices per se. On the other hand, there is research evidence linking the presence of assets and asset-building strategies to positive outcomes. For example, research on family and individual resilience over the last 20 years has clearly demonstrated that children and families with particular sorts of assets are better able than those without such assets not just to cope with crises and stress, but also to adapt and to con-

tinue to develop despite ongoing challenges. Researchers have found a variety of assets and capacities that are characteristic of resilient individuals and families. While the specifics of various lists of assets differ, they generally all agree that resilience is enhanced when people are able to do the following:

- Seek out and maintain supportive relationships.
- Participate and engage positively in activities that provide a sense of competence.
- Take an active stance towards obstacles and difficulties.
- Find a sense of meaning, purpose or mission in life.

It is not difficult to see how this meshes neatly with the central themes of strengths-based approaches. Similarly, there are ways in which evidence

from allied fields—positive psychology, prevention, youth development, and so on—can also be enlisted in support of strengths-based practice. There is also a small amount of research literature which directly addresses the effectiveness of strengths-based practice with adult populations. This information, however, does not appear to be readily available to the youth, family members, or professionals who participate in strengths-based planning.

Even when people are strongly committed to strengths-based approaches, subtle doubts still seem to linger. For example, RTC researchers have observed ISP teams where needs are sorted into various domains. There is a tendency for the more community-based strategies to appear under the domains of culture, recreation, and socialization. On numerous occasions, these domains were put on hold by team consensus, while the needs of the mental health domain, perceived as more urgent, were addressed. For family members, as well as for the professionals on the team, it seems that thinking about “mental health” is often tied with the idea of treatment and the provision of traditional services.

Enacting strengths-based plans is also constrained by systems for financing mental health services. Traditional, office-based services are more easily paid for than non-traditional and completely individualized or tailored services and supports. Funds for non-traditional services and supports are critically reviewed and often denied. In this way, finance strategies reinforce the perception of community services and supports as risky or even frivolous.

Finally, there is the important issue of a lack of highly visible models of successful, community-based programs or strategies for supporting the strengths of children and youth with emotional and behavioral disorders and their families. What do well-designed, community-based, asset-building programs, strategies, and supports actually look like? Finding appropri-

ate community-based opportunities to express strengths and nurture resilience can be particularly difficult for this population, given that these disorders are characterized by difficulties in forming relationships and participating in groups. What is more, many of these children and youth have been ejected from a variety of community programs and settings because of their challenging behavior.

This issue of *Focal Point* is an effort to help allay some doubts and stimulate some creativity around the issue of providing opportunities for children and youth with emotional and behavioral disorders to participate in asset-enhancing, community-based, and community-building activities. This issue features research on successful programs and strategies which are consistent with this ideal: efforts which appear to be successful at helping young people to develop supportive relationships in the community, to engage in activities that challenge and extend their capabilities, and to find larger life goals and meaning.

It seems that the time is right to take the discussion of strengths-based approaches to a new level of advocacy. While there is mounting evidence that asset-enhancing approaches can be *more* effective than skeptics believe, there is also evidence that traditional mental health services for children—particularly psychotherapy, which is also relatively expensive—may well be *less* effective than previously assumed. As a result, well-designed, community-based, asset-enhancing options need no longer seem risky, expendable, or of secondary importance in comparison to traditional services. Putting services on a more equal footing expands the opportunities for creativity and effectiveness in acquiring the services and supports that best mesh with a particular child and family’s strengths, needs, and aspirations.

Janet Walker, Ph.D., is director of training and dissemination for the Research and Training Center and is editor of *Focal Point*.

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FRIENDS OF THE CHILDREN

Simon is thirteen years old and recently moved to his eighth foster home in the last three years. When Simon was five years old he was removed from his mother's care. Simon's Mom loved him very much but struggled with an addiction that led her into prostitution and made it impossible for her to provide the care that Simon required. Simon was initially placed with his grandmother who cared for him for several years before her own health, and Simon's increasingly difficult behavior, made it necessary to move him. He moved through the homes of several other relatives before beginning his foster care experience. Each placement ended with complaints of Simon's uncontrollable impulsivity, aggression and pervasive negativity.

When Simon was six, two events occurred that would influence the course his life would take. First, he had his initial contact with the mental health system. He was given the first of many diagnoses that would follow him through multiple treatment and educational settings. Initially he was seen as having ADHD and was given medication to control his impulsivity and inattention. As subsequent psychiatrists, psycholo-

gists and social workers assessed and treated Simon, he collected a laundry list of labels and opinions about what was best for him. At various times he was diagnosed with Fetal Alcohol Effects, Oppositional Defiant Disorder, Conduct Disorder, Reactive Attachment Disorder, Alcohol Related Neuro-developmental Disorder, Major Depression, as well as various learning disabilities. Each change in diagnosis brought with it a change in treatment plan and medication and, frequently, a change of placement.

The second event that occurred when Simon was six was that he was selected for participation in Friends of the Children and met his Friend, Mike. At the time, Mike was twenty-five years old and beginning his career as a professional mentor to Simon and seven other first grade boys. Now, seven years later, through multiple placements, treatment providers, and schools, Mike remains the one constant in Simon's life.

It hasn't been easy. Simon has repeatedly tested Mike to see if he would reject him just as every other adult had done. He has cursed at him, told him to go away, bolted from his car, verbally assaulted him, and refused to accompany him on outings. Through-

out these rebuffs, Mike keeps showing up, calling, scheduling activities and visits, neither forcing himself on Simon, nor retreating. It's still up and down. Mike never knows if he will encounter the Simon who heaps insults upon him or the Simon who is fun to be with, open and appreciative, articulate, affectionate, and funny. As Simon enters adolescence, the rejecting messages are increasing in frequency and vehemence, but Mike refuses to disappear.

Recently there have been encouraging signs. Simon has been working, for over a year, with a therapist he really likes, and his current medications are helping. In the past year he re-established contact with his Mom, who is still struggling with addiction. Rather than idealizing her, Simon is now able to recognize what he can realistically expect from her. Simon likes his new foster dad a lot, although that doesn't mean that he's not testing him. The foster parents, the therapist, the child welfare worker and the Friend are all meeting regularly as a team to talk about how they might best collaborate in Simon's interest. And, surprisingly, Simon has actually taken the risk of making a few phone calls to Mike asking when they can

schedule some activities. There is still much uncertainty about Simon's future; however, one thing is certain. Wherever Simon goes, Mike will be walking beside him.

What does a Friend do?

Friends of the Children was founded in 1993 by Portland businessman Duncan Campbell. Having survived, and triumphed over, his own rough and tumble childhood in a tough neighborhood in Northeast Portland, with parents who were not able to meet his needs due to their own difficulties, Duncan asked himself a simple question: "If I could do one thing to make a difference in a child's life, what would that be?" The answer to that question, simple yet profound, has now impacted the lives of over 270 children in Portland, alone, with new *Friends of the Children* chapters springing up around the country.

When Duncan sought to answer his question he consulted with experts who directed his attention to the research in childhood resiliency. What one thing could make the most difference? Provide a child with a long-term, stable relationship with a healthy, caring, consistent adult. *Friends of the Children* accomplishes this seemingly impossible task by employing mentors, called *Friends*, who are paid a professional salary plus benefits, to establish and maintain relationships with high-risk children for twelve years or more.

In Portland, *Friends* currently accepts children from three public elementary schools in the city's most vulnerable neighborhoods. First grade teachers are asked to evaluate their incoming students for risk and resiliency factors. Those children identified as most at risk are then observed over a period of weeks and, after careful consultation between *Friends* staff and school personnel, a group of children are selected for participation. Meetings are scheduled with families to explain the program, answer questions, and to make two key points:

1. This is a long-term commitment that will continue at least until the

child graduates from high school.

2. We are not interested in replacing parents or suggesting that a child needs this program because the parents are inadequate. Partnership with the family is essential to the success of this venture, and we provide parents and guardians with the time and the opportunity for discussion in order to make an informed choice.

Each professional *Friend* has eight children and spends, on average, four to five hours per week with each child. What do *Friends* do? They aren't teachers but they sometimes teach. They aren't counselors but they sometimes counsel. They aren't coaches but they sometimes coach. They aren't parents but they always nurture and sometimes set limits. They are *friends*. They do what friends do. They talk. They do fun activities. They go places. They hang out, they support, they argue, they fight, they hug. When asked what *Friends* do, Duncan quotes the "Three Bs," the cornerstone of the program: "Be with the children, Be yourself, and Be with each other."

Friends are not therapists. They do not treat. Most *Friends* are only marginally concerned with any possible diagnosis their child may have been given. The focus is on relationship in the context of normal (and normalizing) experience. When kids screw up, as they inevitably will, it is just one step backwards in a journey of a million steps. We don't try to fix kids. We relate to them as the complete person they can become.

Evaluation

Friends of the Children continually tracks the progress and well-being of its youth. *Friends* contracts with Northwest Professional Consortium, Inc., an independent research firm, to perform an annual evaluation of behavioral and emotional indicators for all children. Parents and *Friends* complete a Child Assessment Checklist each year and children do a self-assessment at the same time. Examination of the data indicates overall stability of the ratings with steady improvements in self-esteem, commu-

nication skills, and impulsive behaviors. Given the vulnerability of the population, and the focus on prevention, while it is too early to say that kids are improving, we can conclude that we are keeping them from getting worse.

Teachers complete a TOCA-R (Teacher Observation of Classroom Adaptation-Revised) at the beginning and end of each school year. Last year, these scores showed slight, but not statistically significant improvement over the course of the school year. Nevertheless, for our children, the stability that these scores represent demonstrates the preventative effect that we hope to achieve.

In addition, *Friends* is currently awaiting a decision on funding for a longitudinal study to be conducted by Public/Private Ventures that would evaluate long-term mentoring as an early intervention strategy with emphasis on prevention by comparing program children with a comparison group of children without mentors. The true effectiveness of *Friends* can only be determined over the long-term.

Ten Reasons

Why does *Friends of the Children* work? We have identified ten factors that seem to be the key ingredients to success:

1. **The one-on-one relationship.** A loving relationship with a positive adult role model can literally save a child's life.

2. **The long-term commitment.** There are no quick fixes, no miracles. We're in this for the long haul, first grade through high school, through all the ups and downs.

3. **Serving vulnerable children.** We work with the children who are most at risk of school failure, delinquency, abuse, teen pregnancy, depression and substance abuse.

4. **Paid professionals.** Our mentors are paid professionals who are hired for the relationship skills.

5. **Positive expectations.** Our children will succeed—we believe in them and they grow to believe in themselves.

6. Manageable numbers. Each *Friend* works with no more than eight children.

7. Experiences = Opportunities. We help children reach their unique potential by exposing them to a wide range of experiences and allowing them to explore their talents and interests.

8. Early intervention. We begin working with children at age six when their minds and hearts are open.

9. Comprehensive approach. We provide links to the child's total environment—family, school, and community. We tap into many resources, accessing mental health, substance abuse, and health care services as well as addressing basic needs.

10. Evaluation-based. We are committed to on-going evaluation by independent researchers to assess if children are achieving significant outcomes.

Outcomes

What are the outcomes we seek? We have to think long-term. Our first cohort of first graders is now entering the tenth grade. Upon completion of the program we expect our children to have achieved six goals:

- A strong sense of positive identity and personal vision for the future.
- Life skills necessary to be a contributing member of our community.
- Social and emotional competence necessary to form and maintain relationships, demonstrate interpersonal responsibility, practice teamwork, and function in diverse social settings.
- A strong work ethic with the motivation to achieve and persevere.
- A value of life-long learning and curiosity.

Where are we?

Friends of the Children originated in Portland, Oregon with Duncan Campbell's vision. The Portland office now serves over 260 children with 34 *Friends*. This fall we will add additional children and 4 new *Friends*. *Friends* has been replicated in eight additional cities around the country with branches in Seattle; San Fran-

cisco; Cincinnati; New York; Washington, DC; Klamath Falls, OR; and Chester, PA/Wilmington, DE. The next year will see a regional initiative throughout Oregon and new branches in Chicago and Minneapolis. As of June, 2002, *Friends of the*

Children will be serving over 600 kids nationwide.

A Clinician's Story

I have worked in the field of child and family mental health for over thirty years. During that time I have

Friends of the Children: A Friend's Story

I love her with my words and silence, my smiles and cheers, my concern and joy. I love her with my life, my marriage, my parenting, my friendship, myself.

To be a *Friend* is to be a coach, cheerleader, counselor, and even a gardener. I plant the seeds of truth, love, and grace. I water them with years of commitment and deep appreciation and watch them grow.

I met Tasha when she was 12—talented and beautiful as she is now, but afraid to share her hopes, dreams, even simple desires. And Tasha was quiet, too. I did not expect the silence we sat through together for months, in the car and at the dining table. I wondered if she liked me, if she'd ever want to talk to me.

I watched Tasha as she made discoveries on her own, in her mind and heart. She was often quiet and humble about these discoveries. I had envisioned I would be the teacher of these major life lessons, actively instructing and guiding at each point of choice. Instead, often I simply stood beside her as I saw these truths emerging from deep within. Tasha listened as God spoke to her about who she was and is, sometimes using my voice, but often using the voice of Tasha's own experience.

I have come to understand that Tasha and I speak a language just for us—a language of the small and quietly subtle. Animals. Young children. Ancient Egypt. *To Kill a Mockingbird*. Poetry. Tasha and I share a love of writing, great literature, and foods from around the world. Sometimes we laugh together so much my jaw hurts; other times we sit in silence, savoring the present.

I proudly stand as Tasha's support. She is now 15, a sophomore in high school and a talented student and athlete. When she swings the bat with graceful confidence or artfully dribbles past a defender, I sit in the stands with a mother's kind of pride, snapping pictures, beaming, and talking about her talents to whoever will listen.

Regardless of what goes unsaid in our subtle language, I know Tasha sees me as a safe place to be. . .purely herself—athlete, joker, intellectual, animal-lover.

Tasha and the other unique and inspiring young women I spend my days with as a *Friend* have changed my life. These relationships are as distinct as the girls themselves, and I experience a different delight in all of them.

In Tasha, I see a complicated young woman of contradictions, continually growing and becoming. She is strong and wise, mature and silly, confident and questioning. With tremendous joy, I reflect on the girl she has been, dream about the woman she will one day become and overflow with the fullness of seeing Tasha become her, now.

Ashley Larkin has been a mentor with *Friends of the Children in Portland, Oregon* for three years. She is a graduate of the University of Portland and enjoys writing, art, camping, and hiking.

worked in inpatient, outpatient, residential, and home-based services. I have seen promising treatment approaches come and go. I have seen the latest trend be replaced with the next latest trend. I have seen managed care in all its iterations and have seen how it has systematically reduced the amount of time that clinicians can spend with children and families. I have heard much talk about strength-

based services with precious little follow through. I have seen treatment approaches fail as often as they succeed. I have seen good clinicians burn out due to unmanageable caseloads. I have seen millions of dollars spent with negligible results.

After thirty years I was left with two inescapable conclusions. First, when treatment worked it was because someone took the time to establish a

relationship with the child and family. Second, when children prevail over dire circumstances it is due to their strengths, not their deficits. When I heard about *Friends of the Children*, my first thought was “Of course. Why didn’t I think of that?” I knew after thirty years that it all came down to this: Provide the child with an abiding relationship that focuses on, and develops, his or her strengths. Of course, some children need more, but without this foundation, positive outcomes are far less likely. *Friends of the Children* is doing more to help children, and doing it more simply and inexpensively, than any other child-serving organization I have ever encountered. After thirty years, I feel as if I have finally arrived home.

Friends of the Children: Tasha’s Story

Being in *Friends of the Children* is a lot of fun. In the program we do lots of exciting activities and enjoy ourselves. Some of the events I liked were Pamper Day and when the Speaker of the House came to speak to us. The children who are involved in *Friends of the Children* are very grateful.

A *Friend* to me is someone who is caring and would take time out of his or her day to help me. That is what my friend does for me. She helps me out with schoolwork when I do not understand, or just because I need help. My *Friend* is Ashley, and we do lots of fun things, like going shopping, trying foods from different cultures, seeing movies, and mostly going to my sporting events like softball and basketball. Ashley also helps me with my writing skills so I can become a better writer.

I’m very thankful to have such a great *Friend* who is there to help me out when I need it. Ashley also helped me through tough times when my grandmother passed away. I was very thankful that she and many other friends were so caring to help me not feel afraid of what would happen in the long run.

My friendship with Ashley has changed so much since I have gotten older. I feel that we understand each other better and that when she talks to me I know her point of view. When I first met Ashley, I was shy, and I still am, but not around my good friend, Ashley, any more. I’m very delighted to have gotten to know Ashley and become her friend.

Being in *Friends of the Children* means a lot to me. It is a great organization for children and teenagers who have been in the program since they were six years old. Most children in *Friends* will say it is a great organization to be involved in. Being in *Friends* has helped me out in many different ways, from writing and homework to meeting new people, from my age of 15 to the youngest age in the program, six. *Friends of the Children* also has helped me become a better decision maker and role model. I am so appreciative to be in such a great program.

To be dedicated to children and teens is optional. But the *Friends* in *Friends of the Children* work with us because they care about us and what we do with our lives. They work with us, teach us, trust us, and want to be our friends. It takes a lot of respect to gain our trust. That is why I think *Friends of the Children* is such a great organization for kids like me. I am one of the many proud children in *Friends*, and I am grateful.

Natasha Corradine is a sophomore at Benson High School in Portland, Oregon. She plays basketball and is on two select softball teams. As a freshman, Natasha played on Benson’s varsity softball team and earned Second-Team All League Honors. Natasha enjoys writing, spending time with friends, and playing with her pet ferret, Weasel.

Cost

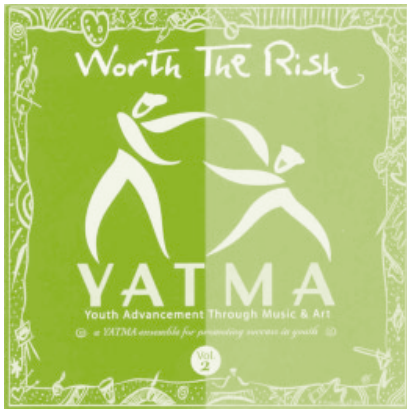
Friends of the Children focuses on prevention rather than rehabilitation. The staggering costs of rehabilitation have been widely circulated. The National Center for Juvenile Justice found the average cost of rehabilitating one youth to be between \$1.7 and \$2.3 million of which \$1.3 to \$1.5 million is the cost of incarceration. The social costs are incalculable.

The cost for one child for one year in *Friends* is \$7,000. Multiply that by twelve years, and you get \$84,000; a lot of money, but consider the alternative.

At *Friends of the Children* we are in the business of shaping lives, rekindling spirits, and building stronger communities. We accomplish this by believing in children and being a *Friend* to the best parts of them for a long, long time. Somewhere along the way, they start to believe in themselves, and the best parts of them become who they are. And when that happens, the ripples go on forever.

Steve Berman, M.S.W., M.B.A., L.C.S.W., is the program manager for Portland Friends of the Children. He has over thirty years experience in the field of child, adolescent, and family services. sberman@Friendstochildren.org

EMPOWERING KIDS TO DANCE TO THE DRUMMER WITHIN



One two three, one two three, one two three. . .

“Nate” was in a groove, the ensemble was cookin’, and Miles Davis’ tune *All Blues* had never sounded better. Nate stayed with that simple beat, rode it out to the end, then finished in perfect time. The audience roared in appreciation, and Nate beamed from here to Sunday. Nothing unusual going on here—just a music student keeping time, performing in front of his friends at high school graduation.

Nothing unusual, that is, except that Nate is a traumatized youth who was unable to count rhythmically or sit still for more than 5 minutes when he began lessons a year ago, a boy who almost constantly demanded negative attention. But then, unusual is the norm at YATMA—Youth Advancement Through Music & Art. YATMA was created to fill a primal need that is so unfulfilled in children today they’re in our face and screaming at us: the need to find out who they are and develop as strong, healthy human beings with close, enduring relationships.

YATMA Philosophy

Creative growth is necessary for children to find out who they are, and

when deprived of this they have shallow relationships with themselves and others. They are also unable to express and share their nature, which is essential to their happiness. We believe that the lack of opportunities for creative growth for youth is a major cause of the ills plaguing our society, and the lack of real community today is at once a cause and result of this.

Creative growth is a necessary ingredient to producing good communities: it’s the sharing of the human spirit that provides the cohesion.

—BILL ROSSI,
EXECUTIVE DIRECTOR, YATMA

At YATMA, our specific, long-term, creative mentoring/relational approach is the catalyst for personal growth. Simply put, we nourish our students’ creative spirit and fan the flames until it becomes the source of inner strength. This then creates a spiritual orientation from which they can grow.

Heady stuff? Yes, but no. We’re able to achieve real, significant success because our approach is specific and concrete and grounded in some of the basic, fundamental truths of life such as the one to which we referred above, that *children have an innate need to learn who they are and express (give and share) their spirit, which when filled can lead to deep, meaningful relationships with themselves and others*. It’s not rocket science! It’s basic and elemental, but in a culture that generally places a lot more emphasis on getting than on giving, our children are learning a way of being that is causing them pain.

So how does YATMA help children and youth learn who they are and empower them to develop into

healthy, happy, generous human beings? By creating deep, creative relationships. On the surface, YATMA looks like any high quality arts school with private and small class instruction in piano, bass, drum set, guitar, percussion, horns, composition and voice, dance, writing, drawing, painting, and sculpture. But our approach and curriculum have been developed to stimulate kids to such an extent that they are willing to transcend their difficulties and fears and really begin to express themselves and learn who they are. Time and time again, we see the most beautiful dance of all: the youth who is headed towards trouble slowly turning 180 (and proceeding to walk in the opposite direction.

During my 21 years as a pediatrician I have never seen a youth program that turns around lives as well as this one does.

—DR. ELEANOR GRAHAM,
MEDICAL DIRECTOR, CHILDREN
AND TEENS CLINIC, HARBORVIEW
MEDICAL CENTER, SEATTLE, WA



In addition to personal observations, we also have the results of an independent study to verify that YATMA works. During a 2000 evaluation, Education 21, of Troy, New York, found the program to be “impressive” and stated: “Students showed a statistically significant decrease in overall negative behaviors... and highly significant improvements in positive attitudes and behaviors.... The program is a persuasive intervention and has had a powerful and statistically significant impact on the students.”

YATMA History and Curriculum

YATMA is a non-profit organization that is funded through grants and individual donations and operates in both Seattle, Washington and Albany, New York. Students are often referred by teachers and mental health professionals, and YATMA accepts all students who are willing to commit to the program. Students typically spend 1–2 hours a week in a YATMA class, either in a one-on-one lesson with an instructor or in a small art class or ensemble. The cost is \$45 an hour; YATMA provides scholarships as funds permit.

The YATMA curriculum, which encompasses both traditional and technology-based arts, is culturally relevant to our students, so they find it exciting and stimulating. It’s also progressive, so that each step of learning builds on and is interrelated with the previous one. As this progression becomes tangible for the students, we show them how they are personally assimilating what they are learning—in other words, we familiarize them with their own learning style. We then show them how to consciously apply this to other aspects of their lives.

His confidence is soaring, he voices his own opinion, he’s happier and more outgoing.

—MOTHER
OF A 14-YEAR-OLD PIANO PLAYER

The YATMA Approach

The YATMA approach is both strengths-based, (thereby promoting



success), and relational, (providing modeling and ultimately a deep connection), and it enables teachers to reach youth who are typically hard to reach. YATMA teachers actually become the students’ mentors and guides, and the healthy relationship that develops between them transfers far more than art to the children. It communicates the healthy human values that are present in the teachers we hire and transfers the value of an active creative process. It awakens the children’s innate desire to grow and learn as individuals and provides guidance for that growth.

YATMA not only helped me in my musicianship, but also helped me in shaping me to who I am today. I have learned everything from leadership to friendship, from rhythm to melodies. I thank you so much.

—18-year-old YATMA drummer, on her way to college after 3 years with YATMA

The teaching approach itself is very experiential on everyone’s part, and because it is unique, the best way to explain it is to describe a lesson. We’ll take the example of a piano lesson. Imagine a student and teacher together at the piano. The teacher is 100% present with the student, concentrating fully on the music and sensitive to where the student is at that

moment. If the teacher has trained in the YATMA approach for some time, he is so involved that he almost hears the music as the student hears it. He is listening, tapping, sometimes thrusting his hands at the keyboard next to the student’s to express an articulation or a rhythm. The student begins to move with him, and for some time they are moving and playing together. It’s at that moment that real learning begins. Not from the teacher showing, or explaining, or outlining the theory involved, but from the experience of doing together. The teacher is being creative and vulnerable, the experience is fresh and new and exciting for them both, and they are learning together. The teacher’s sensitivity and spontaneous acceptance of the child’s undefended expression of himself is what begins the healing process, and their sharing—of the experience, their enjoyment and their creative spirit—creates the relationship.

The approach is also grounded in the fact that it takes time for children to become strong people. A gifted child who lives in a relatively healthy environment will need less time; an at-risk child who lives in a negative environment might need many years. But over time, they become increasingly capable of thinking independently and caring about a greater good—they become empowered.

Being in a group of people [ensemble class] has shown me that lots of people have different ideas and that my idea isn’t always the best and isn’t always right. When a group plays together, you have to work with each other to make it happen. It helps me understand how to listen to people, even outside of YATMA in the other parts of my life.

—16-YEAR-OLD YATMA GUITARIST

We would like to tell you about “Steve,” one of YATMA’s first students. Diagnosed with ADHD (Attention Deficit Hyperactivity Disorder), in 1995, Steve had a grade point average of 1.8. An only child of a

single mom on welfare, he wandered the streets, experimented with drugs, spoke incoherently, and often hit himself on the head. He was a sophomore in high school. When he started studying piano at YATMA, his ADHD was most evident in his lack of focus and inability to keep time. He was literally unable to tap his foot four times in a row. Using our rhythmic and progressive curriculum, Steve's teacher worked with him to focus and build his concentration. At the same time, they began to build a relationship.

It quickly became clear that Steve had found something that mattered to him, and he was consistent in coming to his lessons. Within a year he had raised his GPA to 3.8. When he graduated from high school he obtained a full-time professional job and attended community college at night. No longer on scholarship at YATMA, he became a paying student (and still is). Last spring, he graduated from a major university with a GPA of over 3.5 and is now pursuing his master's degree.

We would like to end with one last story. One day we were presenting the YATMA program at a public school. A YATMA student who attended that school was with us, and when asked about his experience he replied that his work with YATMA had given him something to do with his frustrations, had helped him focus, and that he thought his life was much more promising now. When he finished the librarian spoke up to say, "Tony, around the same time you started your lessons, I noticed you started looking, well, taller, brighter, and more alive. Like you had a purpose. I wondered what had happened. Now I know."

Next fall we will have the opportunity to scientifically test YATMA's therapeutic effectiveness against both therapeutic standard care and cognitive-behavioral treatment (CBT) through a 10-month controlled study by Parsons Child and Family Center. The study will include 60 youth, all of whom will be screened for post traumatic stress symptoms. We believe YATMA's results will at least parallel those of

CBT as a mental health intervention.

We are currently working on documenting the YATMA model with the intention of publishing our approach and curriculum and sharing the insights gained from years of working in collaboration with others. If you would like to know more about YATMA, please view our website at www.yatma.org or contact us at edu@yatma.org or 518-399-4863.

The opportunities YATMA has given [my daughter] have contributed to her ability to maintain academic excellence, instill self discipline and develop confidence. This in the life of a child is formidable and a gift that will stay with her throughout her life.

—MOTHER OF AN 11-YEAR-OLD GIRL WHO HAS STUDIED WITH YATMA SINCE 1999

Mary Rossi serves as YATMA's Director of Development and Communications and finds her involvement in YATMA immensely satisfying. She is married to YATMA founder Bill Rossi.

THE PRACTICE, QUALITY, AND COST OF MENTORING

Editor's note: The article which follows is excerpted from the introduction to *Contemporary Issues in Mentoring* (1999), edited by Jean Baldwin Grossman and published by Public/Private Ventures. Chapter references in this article refer to this book. The entire volume is available for downloading or order from www.ppv.org or call (215) 557-4400.

Today mentoring has the limelight, having been widely accepted as a valuable activity for youth. There is solid evidence that well-run mentoring programs can change youth's trajectories, reduce drug and alcohol use, and improve academic behaviors. But good press, good intentions and ear-

nest desire alone will not enable mentoring to reach its full potential. We still have barriers to overcome and operational questions to answer:

- What are the essential elements of an effective mentoring program?
- How do you know and document a quality mentoring program when you see it?
- What does mentoring cost?
- Where do we find volunteers?

Just because a program proclaims it does mentoring does not mean it is effective. In fact, many mentoring programs do not even create many long-lasting relationships, let alone change youth's lives. Big Brothers Big Sisters, Sponsor-A-Scholar, and other mentoring programs have been shown

effective. These programs can and should be expanded. But many localities have started and will continue to start their own mentoring programs. Local adaptation is often necessary if the program is to meet adequately the needs of the community. In addition, policymakers, funders and local operators often prefer to invent new programs rather than operate or expand a proven program. Thus, given that programs across the country vary in content and structure, it is important for program designers to know what program practices are essential to promoting and preserving the desired levels of effectiveness.

Surveying the literature on mentoring, Sipe (Chapter 1) finds that

the studies all agree on critical program practices. She discusses the three areas that are essential to the success of any mentoring program: screening, orientation and training, and support and supervision. The screening process provides programs with an opportunity to select those adults most likely to be successful as mentors by looking for volunteers who can realistically keep their commitments and who understand the need to earn the trust of their young mentee. Orientation and training ensure that youth and mentors share a common understanding of the adult's role and help mentors develop realistic expectations of what they can accomplish. Ongoing support and supervision of the matches help the pairs negotiate the inevitable bumps in the relationship so that they have a chance to develop rather than dissolve prematurely.

Sipe found that programs incorporating the three key elements created solid relationships, which in turn, relative to other similar youth, improved mentee's attitudes toward school and their future, and often improved their behavior and performance as well, regardless of the programs' explicit goals (i.e., improvement in academic performance, decrease in drug use, or friendship). The studies also show that these types of programs decreased their participants' antisocial behaviors, such as drug and alcohol use, relative to their peers. Mentoring programs missing one or more of the three critical elements had more difficulty establishing good relationships in large numbers and did not produce the positive effects of mentoring.

Sipe also provides information of what it takes to be an effective mentor. Mentors need to be a steady and involved presence in the lives of the youth with whom they work; they need to respect the youth's views and desires; they need to become acquainted, but not overly involved, with the parent(s); and they need to seek and use advice and support from program staff. Echoing these results, Grossman and Johnson (Chapter 2)

find more positive effects among pairs who interacted more frequently, in which the mentors sought the input of the youth, and in which the mentor did not take punitive approaches with the youth. Grossman and Johnson's study also reinforced the finding that durability and persistence of the relationship are important. Their results confirmed that the longer matches lasted, the more effects mentoring had; but matches that ended in less than three months harmed youth.

How can local program staff determine for themselves (for programmatic reasons) and document for others (funders in particular) that they are effective? Local mentoring programs need measures and accountability techniques by which they can convincingly demonstrate that their programs produce positive effects. Without these measures, sustainable funding and program refinement becomes very difficult.

Grossman and Johnson discuss and provide three types of measures that mentoring programs can use to assess their own effectiveness: changes in participant outcomes, measures of effective relationships, and descriptions of participant characteristics. Directly measuring change in specific outcomes is what many think of as the only way to demonstrate program effectiveness. However, youth behaviors and attitudes change over time as a result of maturation, not just program effectiveness. In order to interpret changes in outcomes correctly, operators need to have examples of typical changes against which they can compare the changes they measure. Grossman and Johnson provide examples of these typical changes. In addition, the chapter provides program operators with other techniques with which to evaluate their programs, in particular, benchmarks of programmatic quality—which is often easier to measure—yet are empirically linked to impacts on academic behavior, initiation of drug and alcohol use, and self-esteem. These benchmarks include length of relationship,

frequency of contact, and various measures of the quality of the relationship (as perceived by the youth and program staff).

How much does mentoring cost? While it appears to be relatively inexpensive for a social policy intervention, it is not free. Yet little is known about the cost of mentoring and how this relates to program features, such as overall size or whether group or one-on-one mentoring is offered. This crucial gap in knowledge seriously impedes discussions about expanding quality mentoring. Fountain and Arbreton's chapter on the cost of mentoring (Chapter 3) examines the cost of 52 mentoring programs and finds that the median cost of a one-on-one program is just over \$1,000 per year per youth, while the median annual cost of a group program is just over \$400 per youth. They also find that costs per youth do not decrease with the size of the program but are relatively constant.

The cost figures are premised on receiving a large amount of volunteer time (from mentors). To enhance our understanding about how many adults mentor youth, who the mentors and their youth are, and why the volunteers got involved, The Commonwealth Fund commissioned a nationally representative survey of American adults. The chapter by McLearn, Colasanto, Schoen and Yellowitz Shapiro (Chapter 4) reports that approximately 6 percent of adults (about 12 million) mentor youth ages 10 to 18, most of them informally (outside of programs). Mentors tend to be somewhat more educated, to have somewhat more income, and to be more likely to have been mentored themselves as youth than are non-mentors. The youth who are mentored (both through programs and informally) come from all socioeconomic situations, but many of them are experiencing trouble.

The last chapter in this volume (Chapter 5) highlights issues currently being faced by four exemplary

programs. The common issues confronting these mentoring programs are maintenance or expansion of their programs, funding, recruitment of volunteers, and a system for continuing assessment of results, which is vital to success in attracting money and mentors. Chapter 5 describes what it is like to be involved with mentoring programs from the perspective of the

youth, the mentors and the staff. It reflects the real world needs of programs for the type of information presented in this volume.

Mentoring has much going for it. It is simple and makes sense. It relies primarily on volunteers and thus is relatively inexpensive. And by drawing on individuals' best motives—to provide a helping hand to a child—

and making links between people, it makes citizens more civilly concerned and engaged. But, as this volume points out, the full potential of mentoring will not be reached effortlessly. We need to be vigilant about providing adequate infrastructure and training in mentoring programs if they are to be an effective vehicle for voluntarism.

WHAT AN HONOR . . . ONE YOUTH IN TRANSITION

It seems that the biggest challenge in doing this thing called “wrap-around” with youth and their families is this: how to facilitate a transition from a reliance on formal supports, such as paid mentoring and therapeutic services, to more informal or natural supports, such as a family friend that enjoys spending time with a youth on a consistent basis. It takes teamwork and flexible, out-of-the-box thinking to address the multifaceted needs of youth so as to make this transition successful.

The Clackamas Partnership Program has the honor of working with youth with serious emotional disorders who have received help from traditional systems and who require customized services to support transition to an independent young adult life. The following story, about a young woman named “Megan,” describes one such situation.

When Megan was 16, she had just completed an acute hospital stay and was in the process of returning to a foster family. The foster family was committed to her, but Megan was uncertain whether she would be able to remain in their home. There was a significant need to support her and the family in maintaining this placement. The wraparound care coordinator organized a child and family team, which consisted of Megan, the foster family, a child welfare caseworker, Megan's therapist, the care coordina-

tor, and a contracted behavioral skills specialist (a mentor).

The child welfare caseworker and the mentor began with the stabilization phase. They arrived in the home every morning at 7:00 a.m. to help Megan get ready for school. In the process, they served as role models for the family, demonstrating how successful results would occur when Megan's needs and strengths were supported. The mentor provided additional support in the home every afternoon for the first two weeks, but the visits soon decreased to three times a week. Within three weeks, Megan was back into a routine, and the intensive services were decreased. The plan had proven successful.

The behavioral skills specialist provided home- and community-based services for approximately 5–8 hours per week for one year. During this time, Megan transferred to a more therapeutically-based school, and she continued to show great progress. In the past year, Megan has been involved in Tae Kwon Do classes and a church youth group. She is currently part of the Youth Leadership Council, which is becoming very active in our local community. The transition to these more natural supports occurred easily because of Megan's strengths and because of the commitment from the foster family to support and build on those strengths.

As Megan's care coordinator, it has

been an honor for me to be part of her team and to see both her progress and her potential. Through a grant from the Center for Mental Health Services and local contributions from Clackamas County Mental Health and community partner agencies, a System of Care is being built in Clackamas County, Oregon that will sustain this approach to supporting youth with mental health challenges and their families. By using a strength-based, youth-focused, and family-focused approach, and by incorporating more natural and informal activities into this young woman's life, both she and the family have benefited. By the end of 2001, Megan had fully transitioned back into public high school. She will continue to be an active participant in the Youth Leadership Council, and she hopes to be able to run track this spring. The formal supports will continue to decrease as times goes on, with the eventual goal that natural supports will outnumber formal ones. There is still work to be done, but if the last year is any indication of what is to come, we are truly on the road to success.

Mary Rumbaugh, Care Coordinator, Clackamas Partnership. For more information contact Carrie Conte, Intensive Services Supervisor, or Michael Taylor, Project Director, at 503-722-6900.



FRIENDSHIP IS TO PEOPLE WHAT SUNSHINE IS TO FLOWERS

Loneliness and isolation are common experiences of people with mental illness. Social support—perceived comfort, caring, esteem, and the help a person receives from others, such as a mentor—has been found to add resilience in people during times of need and danger. Compeer, Inc. is a non-profit organization that attempts to increase this resilience among people with mental illness by creating social support networks between youth and adults with mental illness and adult volunteers. Compeer's primary service is to match adult volunteers with adult and youth clients, who agree to spend a minimum of four hours together each month for at least one year.

Compeer first began in Rochester, New York in 1973, and was officially established as Compeer, Inc. in 1977. Since then, Compeer has expanded, and the organization currently has approximately 115 affiliate programs across the United States, Canada, and Australia. In 2000, Compeer touched the lives of over 5,550 clients with mental illness and 4,200 volunteers, of which more than 11 percent also have a mental illness.

While the clients involved with Compeer already receive treatment from a mental health professional, these individuals lack a different type of support that can be provided through a friendship relationship. The positive feelings and behaviors that can result from friendships, such as an increase in self-confidence and a decrease in loneliness, are consistent with the treatment goals of these clients.

Social interactions between people with mental health challenges and those without also benefit society at large by helping to decrease the stigma of mental illness and lower public expenses on psychiatric hospitalization. Clients have shared statements with Compeer that they feel more normal, better understood, and more accepted as a result of their Compeer friendship. Volunteers have reported that their Compeer experience has helped them to be less judgmental of people with mental illnesses and that they have realized that people with mental illnesses have abilities and feelings similar to people without mental illnesses.

Volunteers are recruited and carefully screened. Compeer checks on the

employment history, personal references, and criminal background of each volunteer and also conducts a 90-minute interview. The referring therapist also conducts an interview. These lengthy interviews help with the matching process. Compeer makes matches based on the volunteer's experience and comfort level with mental health issues, geographic area, preference for age, and interest in activities. Compeer staff provide ongoing support to the matches through office visits, telephone and written communication, and newsletters.

Compeer's youth clients range in age from 6 to 18, and all youth clients must be referred by a mental health professional. In 2000, Compeer served 462 youth matches across the country. The motivation and commitment of the Compeer volunteers is reflected in the statistics that are collected on a monthly basis. The Rochester statistics reveal that in any given month, approximately 50 percent of volunteers spend more than the required amount of time with their friends. Some volunteers report spending *two to eight times* the required amount of time.

Another indicator of Compeer volunteers' enthusiasm is the length of time the Compeer relationships last. More than three-quarters of the current Rochester youth matches (typically, there are about 100 matches in Rochester in a given month) have been together for the one year minimum requirement and are continuing their friendships. Some of the current Compeer friendships have been growing for 5 to 10 years. The average length of match for the 106 current youth matches in Rochester is two years. The average length of match for friendships that dissolved in 2000 was 1 year and 10 months.

Stories from Compeer matches exemplify the mutual growth and the rewards that come from the companionship. For example, one young girl, referred to Compeer at the age of 10, was quiet and isolated. She lived with the hardships of a father who died at an early age and a mother who had a mental illness. When this young girl obtained a Compeer friend, she gained a special adult in her life that set aside time specifically for her. The friends enjoyed numerous activities together; they went to concerts and plays and took walks by the lake. The volunteer supported her friend as she pursued her educational and personal goals. As the friendship progressed, the maturing girl graduated from high school and earned a full scholarship to college. She is currently making the Dean's list. The friends still visit with each other when they are both in town.

While the benefits of the one-to-one matches are abundantly expressed through verbal and written stories, Compeer must assess the effects of services using measurement tools. In year 2000, Compeer evaluated its youth matches using surveys sent out to the clients, their parents, their volunteer friends, and their mental health professionals. Many positive findings surfaced from this assessment. Of the 227 people who returned their youth match surveys, 95 to 100 percent of the four groups of respondents felt the volunteer helped their friend feel bet-

ter. One-hundred percent of the respondents said the volunteer and the client enjoyed spending time together. Ninety-three to 100 percent of the people reported satisfaction with the match relationship and with Compeer. Nineteen potential goal areas were included in the survey to see on which goals the most number of youth were working and with which goals the youth were having the most success in making improvements. Improving self-esteem, trust, and caring were goals on which the greatest number of clients were working. When comparing perceptions of overall client improvement, a greater percentage of youth reported improvements than their parents, volunteers, or mental health professionals. The goals with the highest percentages of improvements across the four groups of respondents were improving self-esteem, optimism about the future, getting along better with others, and making good choices.

Compeer has been recognized as a model mental health volunteer program by the American Psychiatric Association and has been highlighted in print and electronic media. Com-

peer has received several national awards, including the Presidential Recognition Award by the Department of Health and Human Services and the Eleanor Roosevelt Community Service Award.

Despite this positive attention, the need for more Compeer volunteers is an ongoing challenge, as more and more clients with mental illness are constantly referred and the stigma of mental illness remains in society. At the end of 2000, there were more than 3,238 clients referred to Compeer who were not yet matched with a volunteer friend.

To learn about various ways to get involved with Compeer, from starting a program in your community to becoming a volunteer to offering a donation or sponsorship, call Compeer at 800-836-0475 or visit the website: www.compeer.org. The life you change may be your own.

Tracy Griffiths is a Rochester native with a master's degree in Health Psychology. She has been the Research and Education Coordinator at Compeer since November 2000.

RTC NEWS: Promising Practices

Promising Practices. Staff at the Research and Training Center recently completed work on a report on respite care in connection with the Promising Practices monograph series supported by the Center for Mental Health Services. The monograph describes how six different communities approach respite care services for children with mental health challenges and their families. This monograph should be available in early 2003.

The recently published monograph on *Promising Practices in Early Childhood Mental Health*, as well as the earlier monograph on *Promising Practices in Family-Provider Collaboration*, are available through the RTC publications department, www.rtc.pdx.edu/pgPublications.shtml. The monographs can also be downloaded from cecp.air.org/promisingpractices/Default.htm. The CECP website further offers access to a three-volume monograph series from 2000 and a seven-volume monograph series from 1998. Authors include NICWA, the Bazelon Center, the Georgetown Technical Assistance Center, the Federation of Families, and the Louis de la Parte Florida Mental Health Institute. All are available in pdf (free) and hard-copy (\$12). Contact: Jennifer Simpson, 503-725-2785, simpsonj@pdx.edu

More updates on RTC projects are found on page 29 or visit:

www.rtc.pdx.edu

FACILITATING FRIENDSHIPS FOR CHILDREN WITH DISABILITIES

Friendships are an important part of our lives. We rely on friends for support and companionship and to have a sense of acceptance, belonging, and community. Although we may frequently take our friendships for granted, we can usually recognize their importance in our lives. Sadly however, friends are often a scarce commodity for many people with disabilities.

People with disabilities frequently grow up isolated from mainstream society and without any friends at all, largely as a result of a service system that has segregated young people with disabilities from their non-disabled peers. Turnbull and Rueff (1997) interviewed 17 parents of children with behavioral difficulties and found that over two-thirds of parents indicated that their children did not have even one friend. Research conducted by the Beach Center on Disability at the University of Kansas has shown that among families with children who have disabilities, families' highest priority was to help their children develop friendships.

Fortunately, over the last decade, programs such as the PEAK Parent Center in Colorado Springs, have begun to focus on the importance of friends for children with disabilities. PEAK and other programs have demonstrated that children with disabilities do not have to remain isolated and that concerned parents, teachers, and community members can take steps to help promote friendships.

Beth Schaffner and Barbara Buswell, who are simultaneously educators, PEAK employees and parents of children with disabilities, have been promoting friendship facilitation over the past decade, informing families, schools, and service providers that true friendships between children with and without disabilities are possible,

necessary, and beneficial to all children's mental health. Together, they have written a book on friendship facilitation, *Connecting Students: A Guide to Thoughtful Friendship Facilitation for Educators & Families*, and, with co-author Alison B. Seyler, a training manual, *Friendship Building Strategies Workshop Kit, Second Edition*. Both publications can be ordered online from Peak's publication pages and offer specific suggestions and reflection exercises for successful friendship building. Research (Turnbull, Blue-Banning, & Pereira, 2000; Turnbull, Pereira, & Blue-Banning, 2000; Turnbull, Pereira, & Blue-Banning, 1999) has documented the success of many of these friendship facilitation activities.

In *Connecting Students*, Schaffner and Buswell refer often to the work of Zana Lutfiyya, a professor and researcher who has specialized in social networks among people with disabilities. Dr. Lutfiyya has defined friendship facilitation as, "providing opportunities where people can comfortably come together to meet each other." Regarding friendship facilitation in a school setting, Schaffner and Buswell further elaborate:

Facilitation is people accepting responsibility to ensure that a student is connected to his or her peers and has encouragement, opportunities, and assistance to develop all sorts of relationships—including close, deep friendships. Facilitation is an unobtrusive process which taps the expertise of others who know the student well and allows the student to choose the friends with whom she wants to develop relationships.

Friendship facilitation is not an activity that takes place in a vacuum. Instead, facilitation is really one part

of a broader focus on inclusion in which people with disabilities are fully included and accepted into mainstream educational and social venues. While inclusion is a necessary prerequisite for the development of friendships between students with and without disabilities, inclusion on its own may not be enough to foster friendship development. Friendship facilitation capitalizes on inclusion by actively taking steps to increase the chances for friendships to develop.

Although friendship facilitation is a personalized process, tailored to an individual's needs, three elements are central to all friendship facilitation:

- finding opportunities,
- interpretation, and
- accommodation.

Finding opportunities refers to the need for facilitators (parents, brothers and sisters, teachers, service providers, other students, etc.) to seek out or create opportunities for a child with a disability to participate in activities with peers. A facilitator's positive **interpretation** of a child with disabilities highlights the child's strengths and helps peers to recognize his or her positive qualities. The following story, one of many vignettes in *Connecting Students*, describes one example of friendship facilitation and positive interpretation:

Keisha's classmates seemed to be overly preoccupied with tattling when she misbehaved on the playground. Pat, a school psychologist who is part of Keisha's planning team, suggested to the teacher that she encourage the students to report only good things that they catch each other doing when they come in from recess. Pat's intervention turned the situation around, stopped the challenging behaviors, and helped all of the students in the class to

see each other in a more positive light. (p. 22)

Finally, accommodations may be necessary to allow friendships to develop and flourish. Accommodations may take many forms, depending on the type and severity of disability, but all share in common a facilitator's willingness to structure the physical environment so that children with disabilities are not excluded from activities.

The friendship facilitation activities described by Schaffner and Buswell differ from some common practices used by schools and other programs. In fact, many traditional activities may actually be counterproductive to friendship facilitation by setting young people with disabilities apart from other young people. It is important, they note, that friendships are not one-sided, such as when someone volunteers or is paid to help a person with a disability. Instead, like all friendships, relationships should be voluntary, reciprocal, and mutually beneficial. "How to Encourage Friendships for Children with Dis-

abilities," an article produced by the Beach Center, offers additional, specific suggestions of activities that encourage friendships.

The implementation of friendship facilitation activities has far reaching implications that go beyond the central goal of assisting people with disabilities in the pursuit of friendships. These activities also promote respect and appreciation of diversity among peers without disabilities, and perhaps most importantly, friendship facilitation helps families, service providers, and all those who interact with young people with disabilities focus on strengths and the exciting potential and possibilities found in all children.

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HEALING THROUGH ACTION

Healing through action. That's the bumper sticker you get if you're a drama therapist. The lexicon of the trade includes words like process, personal integration, and potential. Drama therapy is concerned with development of the whole person, physically, mentally, and emotionally, through the drama process. Whether clients are highly functioning, disabled, or in crisis, they work with drama therapists through creative enactments in a safe environment, experimenting with roles and generating possible solutions to problems.

As a Registered Drama Therapist, I work in schools, retirement communities, with international projects, and communication workshops. The teen theatre troupe I have directed since 1988 recently took on the mantle of private non-profit and became South-

ern Oregon Impact Theatre. Our mission is to focus community attention on the strengths and assets young people need to successfully address pressing social issues through dramatic presentations and audience interaction. Our bumper sticker says, *imagine the possibilities*.

Each new troupe of Impact actors creates and performs scenes about issues most pressing to them. In our performances, actors often take suggestions on how to transform a particular scenario, sometimes even involving audience members in the transformation. Some sites ask our actors to do follow up workshops, bringing the issues presented in the performance alive in active learning. For example, if our performance has been about sexual harassment, the workshop will involve role-playing

activities to recall what constitutes harassment followed by scene-building on topics such as "respect" and "valuing self and others."

Impact actors typically range in age from 14 through 19 and become involved for many of the same reasons that I became a drama therapist. On her application to join the troupe, one actor cited her reason for wanting to be an Impact actor: "I know that drama can help and I want to help." Troupe members usually perform with the troupe for two to four years.

The creative process within the troupe involves "set aside" days for retreats in addition to regularly scheduled rehearsals. Improvisation and timed writings are two methods we have for generating material for the scenes. Sometimes actors write their thoughts on a subject and I edit and

combine ideas to produce a script. Recently, finding several former troupe members home for summer vacation, I hosted a “Creative Consultants” gathering. I offered writing prompts and facilitated a discussion on subjects including *accepting diversity, dealing with challenges, and holding on to hope*. The perspectives were well articulated and varied and everyone gave me permission to “gold mine” their ideas for Impact scripts. Generating fresh material is important to this work.

Mutual mentoring is what sprang to mind when our troupes began performing and conducting workshops in prisons and treatment centers. One project involved seven young women from our troupe and seven young women from inside a correctional facility who came together and formed a new troupe in a project called *Inside/Out*. We met every week for a two-hour session of processing, writing, and rehearsing. Troupe members corresponded between rehearsals and talked freely about what was going on in their lives. The script we generated combined original writing and improvisation. The writing was self-revelatory, focusing on the inside/out metaphor. A writing prompt at our first gathering called for responses to, “Inside and outside: what do these words mean to you?” The writers called out to be trusted, known.

A young woman from the “outside” troupe wrote:

*On the outside the inside is deep
inside
And the outside of me might not
tell you
What the inside knows.*

And from inside the facility, a similar response:

*If you see me inside, locked down
and shut down
You won't see inside me at all.*

The mutual mentoring happened through shared strengths. The idea of “helping those girls in lockdown” quickly became a trivial notion, replaced by lessons learned and paradigms forever shifted. After the show, held inside the facility for selected

members of the community and prison staff, we all had a chance to reflect on the prompt, “As I walk away from this...” From inside and outside the facility, there was agreement:

*As I walk away from this, I take
with me a new outlook on life
A better understanding of the
women around me
And a better understanding of
myself
My heart and mind will never for
get the love and acceptance I
felt from these women.*

Impact actors also interact with clients in a residential treatment center for adolescent boys. Drama games and warm-ups lead to improvisation of a deeper nature. Impact troupe members, usually a few years older than the residents, are role models in this setting. They help direct the exercises and help the clients stay focused during role-play and other activities. They often say, after the challenges and victories, that it was in this venue they felt most needed. Even though our sessions are scheduled on a regular basis, “When are you coming back?” is always the question the clients ask at the end of each workshop. An eleven-year-old client took an Impact troupe member aside and thanked him for a particular kind of acceptance: “You guys treat us like we’re cool. I never felt cool before.”

The Impact actor responded, “Once you know you’re cool, you’ll never go back.”

We all smiled at the story, and we knew the client would indeed “go back” to feeling like an uncool loser. As he tried to discover appropriate boundaries and behaviors, a consistent rhythm of achievement would be a long time coming. And yet, he had experienced success. The troupe had made an impact by helping one boy see himself differently.

I base my approach to drama therapy on intention. It is different from other types of acting and theatre because our primary intention is service. When Albert Einstein said, “Imagination is more important than knowledge,” I think he recognized

that developing imagination creates a powerful tool. We serve our audiences by helping them develop that tool. We can use imagination to see ourselves differently, to find new options and get unstuck from behaviors that cripple our mobility. Rehearsing new behaviors through role-play, for example, may help someone *choose* an option other than rage. Between what happens and our response to it, there is a moment of choice; in that moment we find our potential for growth and movement.

In schools and community events, Impact performs scenes and monologues based on the personal experiences of the members. One Impact actor commented, “Once I wrote a monologue about a recent very painful experience in my life. When I performed it for the troupe, I couldn’t get all the way through it; I had to leave the room. I sat in the bathroom and cried for fifteen minutes. The next time, I got through it. Then I started performing it for audiences. It hurt less after awhile and at some point in the season, I even figured out what I wanted to do about the whole thing.”

“It’s empowering,” one creative consultant wrote in a script she created for the troupe. “Sometimes we say, ‘I’d like to help, but I’m only one person.’ Just one person. One. One person plus one person plus one person equals a team, a troupe, a family... coming together to make a difference.”

The therapeutic use of drama means an intentional igniting of the creative flame. Once that flame is ignited, the world changes. There is a healing, through action, of old attitudes. “I can’t” is altered, making space for a wealth of possibilities.

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COMMUNITY SERVICE: RATIONALE, OUTCOMES, AND BEST PRACTICES

The number of youth volunteering in the United States is at an all-time high and is growing rapidly (Culbertson, 1999). Increasingly, youth are guided towards volunteer opportunities by formal programs. Service is used widely as a strategy by youth development programs, and service learning programs have become commonplace in schools. There has also been an increase in the number of after school, summer, and international service programs in which youth can participate (Youth Service America, 2000).

There is also early and growing evidence that well-conceived service opportunities can provide these benefits for a population more often associated with needing, rather than performing, services: youth with emotional or behavioral challenges. Indeed, it has been suggested that successful experiences in service is especially valuable and beneficial in the lives of children who face challenges and risk factors in their lives (Brendtro, Brokenleg, & Van Bockern, 1990). Service activities offer a “developmental opportunity that draws upon youths’ preexisting strengths and their desire to be meaningfully involved in society” (Youniss & Yates, 1997, p. 14).

Service learning represents an avenue of positive youth development through meaningful participation in the community. This can confer a variety of positive outcomes. Furthermore, the conception of youth as community servants not only represents a radical departure from focusing on the deficits of youth, but it also extends the philosophy of building on strengths. In this model of “enrich-

ment reciprocity,” youth are enriched through enriching others.

Outcomes Associated with Service

Theories of individual and community resilience highlight how community service simultaneously develops, supports, and integrates individuals and community institutions (Benson, 1995). When projects are well-implemented (see “Best Practices,” below), the way is opened for a variety of possible benefits. Planning to provide well-designed service opportunities brings community groups and organizations together. Successfully participating in service ties young people to the community and to nurturing adults. Youth value and enjoy their participation in service learning projects. Finally, communities benefit directly from the service contributions of youth.

The positive outcomes for youth that stem from participation in service learning have been the focus of a fair amount of empirical investigation. Research has shown that participation in service can increase youth’s self-esteem, moral reasoning, and identity development (Giles & Eyler, 1994; Hamilton & Fenzel, 1988; Root, 1997). Evidence also links youth participation in service with decreases in negative behaviors such as drug use, violence, and teen sex (Giles & Eyler, 1994; O’Donnell, et al., 1999), or with lowered risk factors associated with such negative behaviors (McNamara, 2000). What is more, certain types of service—most notably volunteer tutoring—have been shown to have a positive impact on educational achievement (Hedin, 1987).

Recent research has begun to ad-

dress the question of whether or not these benefits can successfully be extended to youth with emotional and behavioral challenges. The nature of their disabilities—including deficits in social skills, difficulty in cooperative group activities, and high needs for predictability and structure—may make it difficult to structure successful participation in service activities.

Muscott (2000) searched the literature for research on outcomes associated with service learning programs involving students with emotional or behavioral disorders. He was able to locate information on about 11 programs, and these programs involved children and adolescents from inclusive settings to residential treatment programs. In discussing the findings from program evaluations, Muscott points out that, while the evaluation methods tended to be “less than rigorous,” there is still reason for cautious optimism. Most of the programs offered only anecdotal evidence of success; however, Muscott notes that the anecdotal information nevertheless provided consistent evidence that students benefited from their participation. In particular, students and their teachers “were extremely satisfied with these programs...and felt empowered by the experience of providing service...to members of the community” (365). A small subset of the studies also reported positive results using more rigorous evaluation methods. In concluding his review, Muscott points out that the type of evidence available from these studies is consistent with what was available in the “early research”

(of the late 1980s and early 1990s!) on the outcomes of service participation for youth without disabilities.

Best Practices in Service Learning

There is currently a strong consensus on what constitutes best practice in the design of service learning programs. This consensus traces its roots to 1989, when the *Principles of Good Practice for Combining Service and Learning* were issued at the Wingspread Conference. This list of principles was the product of a two-year process which brought together experienced practitioners from more than 75 organizations and drew on their combined wisdom and experience. These principles have been widely accepted by practitioners in the field, and what is more, there is empirical evidence supporting the idea that programs that put the principles into practice achieve stronger results for program participants (see Muscott, 2000, for a review). The principles, taken here from Honnet and Poulen (1989), describe an effective service program as one which does the following:

1. Engages people in responsible and challenging actions for the common good.
2. Provides structured opportunities for people to reflect critically on their service.
3. Articulates clear service and learning goals for everyone involved.
4. Allows for those with needs to define those needs.
5. Clarifies the responsibilities of each person and organization involved.
6. Matches service providers and service needs through a process that recognizes changing circumstances.
7. Expects genuine, active, and sustained organizational commitment.
8. Includes training, supervision, monitoring, support, recognition, and evaluation to meet service and learning goals.
9. Insures that the time commitment for service and learning is flexible, appropriate, and in the best interests of all involved.
10. Is committed to program participation by and with diverse populations.

Beyond the program level, communities as a whole must also become active if they expect to stimulate and support the provision of sufficient numbers of quality service learning opportunities (Benson, 1995; Zoerink, Magafas, & Pawelko, 1997).

With best practices in place at the program and community level, communities can tap a greatly under-used resource—youth with mental health challenges—who can themselves find personal enrichment while simultaneously improving the communities in which they live.

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WRITING FROM THE HEART

I am investigating a theory about the value of holding writing classes for children and youth with emotional and behavioral difficulties. At this point I cannot show enough data to prove my theory, but I can tell you what I have been doing with seven youth writers from the Dawn Project in Indianapolis.

As a fifth grade teacher, I have recently learned new ways to help students write about subjects close to their hearts, subjects that have meaning in their individual lives. As the mother of a youth with serious emotional and behavioral difficulties, I have some sense of how much frustration, anxiety, anger and other strong emotion seems to reside in the heads and hearts of many adolescents. In June 2001, I decided to launch a writing project with youth from the Dawn Project.

During the summer I worked with a total of seven adolescent writers and the seven adults who brought them to the class (service coordinators in six cases, a mother in the other case), though all seven never showed up at the same time. Although the writers received more individualized attention when only one or two came to the class, all of them seemed to prefer classes with more than two students. All of the youth writers were in middle school or high school, and all of them seemed to enjoy having the adults write along with them.

I began by explaining that this class would probably not resemble writing they had done in school with lots of rules and formulas to follow. I asked them if they ever had thoughts and feelings that no one knew they had, opinions that no one had ever asked them to share, and ideas about all the things they had been through. Every young writer readily acknowledged having had such thoughts, feelings, opinions, and ideas. I told them this would be a chance to write about some of those things.

Students selected pens and writers' notebooks from a selection I put before them, and we all began writing. Occasionally I would suggest a topic if they didn't have something to write about. (Do you remember a favorite toy from your childhood? Do you remember a time when you were really happy? Or really angry?) Often the topics I suggested caused them to remember particular incidents. Their lives had been filled with incidents, and from the beginning they chose to write about things that had happened to them or feelings they had.

These students were much more eager to share what they had written, even when their topics involved painful emotions, than students in my regular classroom. Admittedly, the ones who came to the writing class came voluntarily while my students at school must write, but the sharing in the summer writing class became almost as important as the writing itself.

Our class met for an hour once a week. Sometimes the students still wanted to keep writing and sharing even though it was time for the class to end. Two of the students brought in writing they had done before coming to the class. In both cases, they brought in things they had written during a time of crisis.

By the end of the summer I knew I had not fully explored the idea of having a writing class or writing club for youth with emotional and behavioral difficulties. I had read enough of their poignant reflections to know all of them had more to write. Several of them liked the idea of writing to let people know what it was like to walk in their shoes when it came to issues like therapy, school, and upheavals at home. This was important writing both for them and for the people who would read what they had written. I knew we needed to continue the writing.

I still have more questions than answers, but each Monday afternoon

A Broken Heart and Shattered Dreams

By Amber Helphingstine

A broken heart and shattered dreams,
Things are not really as they seem,
Years of abandonment and pain,
Things just seem like they will never
be the same.

Searching for answers

But really not knowing the questions
to ask,

A lot of times children will put on these
invisible masks.

They put on the masks to hide their hurt,
Afraid that if someone knows

They will get stepped on like a piece
of dirt,

Scared and confused, these kids
really don't know

What to say or do,

They have little ways of reaching out

For help and advice,

But because of their masks,

Sometimes people can't hear their cries

—And they just go on about their daily
lives,

As if everything is okay.

But what these children really need

Is to release their anger, hurt, and pain.

They need a helping hand and a person,

Or rather a mentor, who will understand.

Who will take the time to listen and
help remove

Their masks to see what's behind the
disguise,

And see beyond their lies.

A person who will show them that life is
not really

What it seems and that they truly can
overcome

Their problems and achieve their
dreams.

—December 17, 2001

from 5:00 to 6:00 p.m., I take my bag of notebooks and fancy pens to a conference room at the Dawn Project offices. I write and confer with those who can make it to class. We are working to bring the group up to 10 or 12 youth who attend on a regular

basis. I plan to listen to their ideas about whether we should make it more of a club than a class. I will help them revise and edit their pieces so many of them

will be ready to publish.

My theory is that writing workshops can be important enrichment activities that bring rewards to the

writers and better understanding to their audiences. I encourage others to experiment with writers' notebooks and classes where students can find the encouragement and mentoring they need to write from their hearts about things that are important to them.

My Step Dad Wayne Fixed My Bike For Me

By Phillip Shepherd

My step dad Wayne fixed my bike for me. Normally this would have been just an everyday normal thing. I broke my bike by running over a stick. I have lied in the past about other broken bike incidents, but Wayne believed me this time. That really meant a lot to me. It's really hard for my step dad to forget about the past. Sometimes I wonder why he believes that I'm telling the truth, 'cause at first he wasn't going to believe me. I wonder what made him change his mind so quickly like that.

My step dad has really changed in the past year. He has changed in many ways. He's very forgiving. He stops and thinks about what he says, and he catches himself before saying something he knows would hurt me.

—July 24, 2001

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SPIRITUALITY AND MENTAL HEALTH: A NATIVE AMERICAN PERSPECTIVE

While specific teachings and beliefs vary amongst Indian Peoples, there is an almost universal belief in the importance of spirituality and the influence of spiritual forces in the balance of one's life.

It is said that we are spirits on a human journey. In this journey, health and well-being are a result of the complex interplay between the physical world (i.e., our bodies), our mental processes (our thoughts and emotions), our environment (our family, culture, etc.), and the spiritual forces outside of us and the spiritual learned practices that become part of us. This perspective is sometimes referred to as the relational world view.

For the purpose of this article, I define spirituality broadly. It is more than religion. It is the power of the human spirit. It is the complex and often conflicting nature of spiritual teachings, a sense of purpose and being, a sense of future, a sense of a higher power guiding and shaping our existence. It is a sense of seeking un-

derstanding of the mystery of human existence. It includes religion and religious teachings from every conceivable point of view. This world view, in which well-being is balanced between mind, body, spirit, and context, teaches that these elements of life have equal weight; achieving balance among these various functions is in essence the objective of our human existence. To be well is to have these things in balance. From this perspective, it is not enough to understand mental health simply from a biochemical, personality, or emotional functioning point of view.

Abraham Maslow's hierarchy of need, for example, examines need from the perspective of the individual, placing food at the bottom of the hierarchy and self-actualization at the top. For the system of Native thought, where spirituality is a cornerstone of existence, this hierarchy seems devoid of acknowledgment of the spiritual need of individuals. As an Indian social work professional, I have trans-

lated Maslow's hierarchy, converting it from a pyramid shape to a set of concentric circles. Spirituality is placed in the middle, with relationships around that core. Next are food, water, safety and security, identity, esteem, and self-actualization. In this scheme, if one maintains a proper relationship with one's creator, one will eat. If one maintains proper relationships with Creator and family, one will be safe, have identity, and self-actualize. Having this element at the core means that mental health is dependant, in many ways, on the nature of the spirit realm. Mental well-being depends heavily on spiritual practices, teachings, the interplay between spiritual events, and influences interacting with the rest of our human experience. For example, in the mind/ body connection we know that the power of the mind can influence the body and that brain chemistry can influence the body. If one factors in spirituality (i.e., spiritual beliefs, experiences, disciplines, practices), it fol-

lows that the spirit influences thought, and thus influences body chemistry. In like manner, chemical alteration of the body will alter states of mind as well as stimulate or hinder spiritual experience.

The social context that we live in provides us with teachings or institutionalized theories about the nature of the spirit. It also provides structure, in the form of formal religions, to exercise these beliefs. Formal religions provide a community of similar beliefs and a context for religious practice. Ritual and ceremony have developed in all cultures as methods for maximizing the value of the spiritual forces recognized in nature or human experience.

In broader American culture there is a tendency to split the different aspects of the human experience. For example, society compartmentalizes spirituality as organized religion, the body as a biochemical organism, the mind as personality, and the intellect and environment as a set of social, political, and economic theories and systems. In contrast, most American Indian teachings describe these realms as totally integrated and inseparable in their influence on the human experience.

Spiritual influences on mental health can be described in four different categories: learned positive, learned negative, innate positive, and innate negative. The learned positive are those spiritual practices, rituals, and ceremonies ranging from prayer and meditation to vision quests and healing ceremonies. The learned negative ranges from the use of negative spiritual practices such as curses, what are commonly referred to as sins (those human frailties that are often referred to as the things that people should not do, such as jealousy, covetousness, or disrespect of elders). Innate positive influences are those spiritual forces that bring positive influences into our lives. Different peoples understand these positive forces differently. Some regard them as good luck, good fortune or divine intervention, while others regard them

as angelic forces, spirit helpers, or grace. Some understand these influences as the random occurrences; others understand them as the prescribed divine intervention of an all-powerful being. Similarly, the innate negative influences on human existence can be understood as bad luck, the influence of mischievous spirits, or the actions of power spiritual beings. Various religious and cultural teachings about these forces have historically shaped how we respond to these forces. From the relational worldview perspective, it does not matter how we view the place of these forces in our lives or whether we treat them as elements of chance or as directed forces. They just are. Our elders would teach that such forces require our constant and careful attention.

Western psychology has historically ignored this realm, discounting its important influence on human behavior. Worse than neglect, psychology has in fact *pathologized* religious beliefs and has often categorized beliefs and spiritual phenomena as dysfunctional. This approach is part of a Western paradigm that regards scientific thought, intellectual process, and observation of physical phenomena as superior to the experience and influence of the spiritual.

Only recently have the fields of psychology, social work, and psychiatry, in the Western model, begun to embrace the power and function of spirituality as an important factor in the mental well-being of children and families. American Indian communities have long known and embraced the influence of the spiritual and have had to struggle in a world focused on biochemistry and Western models of psychology. Ritual, ceremony, and spiritual interventions have only recently gained legitimacy as valid mental health treatment approaches. We now know that such approaches are effective. We can even measure their impact by observing changes in brain chemistry and coding resulting behavior using Western research and evaluation models.

For example, we know that prayer

and meditation change brainwaves and promote calm and focus. We know that children that are taught the traditional stories of their culture are better able to develop values and a sense of purpose and to maintain a sense of direction. Without cultural teachings children experience a sense of loss and a lack of future orientation—precursors to high-risk behavior. We have long known the power of positive thinking and the influence of visualization on the capacity of the human body and mind to heal itself. We have come to recognize in the therapeutic process the importance of reframing human experience in ways that help individuals gain a sense of mastery over the traumatic or debilitating events in their lives. Spiritual practices are key elements to the reframing that can lead to healing. We also know that many human emotions are anchored in the body through complex biochemical interactions that have laid down patterns in the brain and neurological systems of the body. We know that physical experiences and the use of music, dance, and drumming can influence and even reprogram these very same neurological pathways.

From a Western point of view, learning how to make the greatest use of cultural practices to promote healing and mental health of children and families is in its infancy. Using the Native American perspective of balance does not diminish the role of the physical biochemical process, nor does it diminish the roles of social learning, personality development, or ego function on human behavior. Additionally, it does not diminish the role of system and environment in understanding human behavior. It simply adds and integrates, in a meaningful way, all four areas of human experience and relies on the complex interplay among these four elements to understand and to promote mental wellness. The human organism is designed to thrive. We sometimes confuse harmony, balance, and wellness with perfection. Being in harmony does not mean we have everything

together in each of the four realms. We may have family problems, health problems, or biochemical imbalances that bring trouble. Wellness does not necessarily come from healing isolated aspects within each of these areas of functioning, but can stem from a harmonious adjustment allowing the best experience that one might have, despite the limitations of real life. Spirituality plays a tremendous role in bringing about this harmony

among the various quadrants of our existence. It is the role of faith. Whether we practice that spirituality in a formal religious framework or in the form of traditional beliefs systems is irrelevant. When we recognize the human being as a spiritual being, we can begin to respect and value the spiritual nature of human existence and spirituality's role in the achievement and maintenance of mental health.

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IDENTIFYING COMMUNITY SUPPORTS: SOME INFORMAL ANECDOTES

Melody, 12, has been in a group home for almost two years. During that time, she has been on what is called "eyesight supervision" in a number of residential environments. This means that it is Melody's responsibility to make sure that she is always within the immediate view of at least one staff member. Melody is African American, the only person of color in the entire area. She is a veteran of removal, and ultimately, estrangement from her original family as well as a failed adoption. She has watched other children visit their families and return home. No one has visited Melody except her social worker, who visits about once every six weeks. Melody clearly needs a friend.

A volunteer helper who realized this need tried to define exactly what sort of person the your girl needed. The "recipe": Melody would best benefit from knowing an African American woman, at least 35 years old, who had a history on interest in civil rights, justice and a value of families. Since her rights had been violated repeatedly (no other child had ever been kept on "eye supervision" longer than a day or two), a friend who had a legal background could be helpful. Adding those criteria together, the volunteer asked herself, "where might I find a middle-aged African American woman with an interest in civil rights and who has a legal background?" Her answer—the

Urban League (your answer, based on resources in your community, is probably different). With some trepidation, the volunteer called the Urban League and described the situation and Melody's needs. It wasn't an easy phone call to make. After all, the volunteer was ordering a human being like most people order a sandwich. Despite that, the lady who took the call from the volunteer recognized the effort behind it and helped the volunteer find a suitable resource. The woman who first became her friend eventually adopted Melody: a 38 year-old African American woman who was a paralegal and a big wheel in the local NAACP. Melody now has aunts, uncles, grandparents, godparents and a mother who loves her above all else. These resources didn't appear out of nowhere by happy coincidence. Melody has a family because someone thought strategically and acted to produce a real result.

I also volunteer on a number of wraparound teams. I'm always thinking about informal supports. For example, a big tree fell in our front lawn on a Sunday. After inquiring what to do, since the fallen tree blocked the entire street, I called the police. When the police officer showed up, he put flares all around it and called Public Works. While waiting for the truck, I got the officer to agree to let a kid who needs to behave legally come and wash

police cars a couple of times a week. When the Public Works guys showed up, I got them to sponsor two sisters in their environmental interests. I kept talking and they kept sawing. I ended up with informal supports for three kids AND they removed the tree for free. It was a good day in wraparound. I have a NASCAR fan—teenage boy—learning about cause and effect and learning to make safe choices by studying the lives of the Petty and Earnhardt families. It's working great. A kid who struggles with schizophrenia is now hanging out at a music store, supervised by the store owner. The young man does odd jobs in exchange for guitar and drum lessons, but his big preference is to jam with other local musicians. He goes there every afternoon and stays until his single, working mom picks him up after work. Result: no more troubles with the law.

This is how informal resources (mentors, sponsors, parent coaches, and numerous other support people) are identified.

Mary Grealish is the president of Community Partners, Inc. (CPI), www.wraparoundsolutions.com, a firm that provides training and technical assistance to providers and recipients of community-based services that are family-driven, collaborative, unconditional, and individualized.



Friends of the Children participants. Article pages 5-8.

WHO AM I? WHY FAMILY REALLY MATTERS

The most enriching environment for children is one in which they are loved and cared about no matter what. Too often mental health and child welfare workers meet children who have journeyed from foster home to foster home, from hospital to residential program, and in and out of detention facilities. As they travel through various homes and institutions, they become displaced children without family, home, or neighborhood. Often, no information is available regarding the location or investment of family members. Initial tragedies in their lives are compounded by the experiences that no one cares and that there is nowhere to go that is safe, permanent, and accepting. These experiences result in suicide, drug use, and delinquency. Children and care providers feel frustrated and helpless to break the cycle.

At Catholic Community Services (CCS) of Western Washington Family Preservation, we believe that children need their families and families need their children. We serve children

who are unable to live successfully at home, school, or in the community and are considered “failures” of many service systems. As we provide wrap-around services, we strive to enrich children’s lives through rigorous family searches to reconnect children with their families.

We see powerful positive results in the lives of children as they are introduced to people who have inherent connections to them, including grandmothers, uncles, and even second cousins or fellow tribal members. Youth gain a sense of belonging, meaning, and value, while families regain dignity and hope through meeting the needs of their long-lost children. These re-connections result in sustainable behavioral and placement successes. For many youth, reuniting with family has a calming impact that subsequently reduces distress and disruptive behaviors. These enduring, unconditional living situations and relationships are often successful for those who had been thought to be unable to live in the community.

Scope of the Problem

According to the US Census (1996), most children (over 98%) live with family. However, the Center for Policy Analysis (2001) reports that over 600,000 children were in foster care that same year. Unfortunately, foster care too often becomes a long-term solution. Research reports that one-tenth of children remain in care for over 7.4 years, while one quarter are in care for 4.3 or more years, and those who are adopted spend an average of four to six years in care (Bandow, 1999). Many children experience disruption, chaos and rejection through multiple placements. According to the National Center for Policy Analysis (2001), 23 percent of children in foster care have two placements, 20 percent have three to five placements, and seven percent have over seven placements.

Adoptions are also less permanent than we would hope. Over 14 percent of adoptions of children with special needs fail (Groze, 1986).

Children facing behavioral chal-

lenges may be placed in residential treatment facilities. According to the U.S. Surgeon General (1999), residential treatment centers are highly restrictive, costly, and are not always proven effective in treating children with mental health problems. The Report on Mental Health (Surgeon General, 1999) also lists concerns related to this form of care, including “failure to learn behavior needed in the community,” and “difficulty reentering the family or even abandonment by the family.”

Family Story

Charlie is a 12-year-old African American boy who was addicted to cocaine at birth and immediately placed in foster care because relatives were not deemed appropriate for placement. After living in 10 different homes, Charlie was placed with an African American woman, Serena, when he was eight. Serena cared for him for four years. Serena considered adopting Charlie, but hesitated because of her father’s failing health. Serena anticipated her father would need to live with her in the near future.

As Serena’s attention was diverted to her father, Charlie began having more difficulty controlling anger outbursts at home, school, and in the community. He threw objects, hit and kicked others, and ran into traffic. He was at risk for encounters with police and for being placed in a more restrictive setting. Charlie was referred for wraparound services to preserve his placement.

Charlie’s team included his social worker, appropriate professionals, Serena, and her family and friends. The team agreed to attempt to contact Charlie’s natural family to expand his options. Team members reported that Charlie had no known family, though they supported searching for his kin.

Child protection records noted that Charlie’s grandmother lived in a rural community in Georgia. Upon hearing about Charlie, she hoped to meet him. She also explained that his mother was in the local jail. The team

sent a message to Charlie’s mother, saying that she might be of help to him. Charlie’s mother wrote to him, saying that she thought about him daily and that she loved him.

Charlie’s natural family lived close together in a small community. His aunt and grandmother had both been licensed childcare providers. The team supported Charlie in developing relationships with his relatives after learning of their interest in Charlie and of their connections in the community.

Upon Charlie’s arrival in Georgia, the entire community greeted him warmly. He immediately befriended an uncle and felt at home with him. Charlie poured over family albums and learned about his African American ancestors who had lived with great courage in the South.

Following this visit, Charlie’s grandmother came to Washington to meet his foster mother, Serena. Charlie’s grandmother met with the local team and gained their confidence as a potential support for Charlie. Charlie continued to live with Serena while developing relationships in Georgia.

Two teams were developed for Charlie—one local Washington team and one which included his extended family. The local team met the foster home needs, including respite provided by Serena’s sister and friends. The larger team looked at long-term options for Charlie, including concurrent plans that offered alternative family placements in Georgia and Washington. The team developed plans for two scenarios in anticipation that one might be more effective than others:

- In the first scenario, Charlie would live with extended family and take holidays and other planned visits with Serena
- In the second scenario, Charlie’s grandmother or another family member would move to Washington to offer support to both Serena and Charlie.

Charlie continues to live with Serena and regularly visits his extended fam-

ily. This allows for the success of whichever option best suits the family’s strengths and needs.

Family Search, Reunification, and Support Strategies

Consistent with wraparound practice, Catholic Community Services begins by identifying the needs and strengths of the child and family. Unmet needs for children in crisis often stem from loneliness and longing for family or from families experiencing isolation, financial hardship, and other challenges. Hence, we focus on identifying family members who can offer the child and family support and assistance. Resource exploration focuses on identifying relatives that could provide meaningful family involvement with a child or family in need.

Family Search. The most valuable source of information about family is often the child. Children know names and general locations of family members who care about them. Other relatives (even those unable to have contact with the child) have critical information about who else can help. Child welfare records contain contact information for family members who have long been disconnected from the child. Ancestry charts are compiled for maternal and paternal families. Once a family member is located, an initial phone call focuses on gathering information about the strengths of the family member, information about other family, and carefully providing information to the family member about the strengths and general needs of the child. A follow up face-to-face contact is planned to further develop supportive connections.

Family Meeting. Initial meetings between a child and family who have been disconnected mostly involve informal conversations that establish a sense of identity for the child. Often family members tell stories about the family and the child. In most cases, this is a natural process that needs little facilitation. Follow-up meetings begin to reflect a child and

family team meeting style, and the family actively assists in developing options to meet the child's needs.

Planning for Multiple Scenarios. Team planning creates multiple contingencies that maximize the potential for success. Each option is pursued concurrently to ensure that one plan will lead to a successful outcome.

Outcomes

Reunification efforts have resulted in stable placements and reduction of risk for most children served. The Family Access to Stabilization Team (FAST) provides intensive supports for up to 3 months for children at risk. Problems youth encounter included multiple suicide attempts, assaults with weapons, and drug use. Of 248 youth served in one year, all were in dangerous circumstances upon referral, homeless, or at risk of admission to a psychiatric hospital or residential treatment to keep them safe.

FAST provided services for an average of 50 days. Upon discharge, 81% of youth lived with relatives, and 19% lived in therapeutic foster care or living independently. Thirty-seven percent of the youth received tradi-

tional mental health services upon discharge. Ten percent received intensive wraparound services. As sustainable placement options were realized, risk factors that brought them into intensive services declined.

Summary

Children deserve to have a sense of self. In our efforts to provide services, we often inadvertently disconnect a child from a critical part of self—family. Assisting a child in gaining a sense of belonging, heritage, and security provides enrichment that exists far beyond the involvement of any service system. Family connections allow for sustainable relationships and for potential solutions to emotional and behavioral needs, even placement needs for children. Concurrent planning creates flexibility in responding to the needs of a child and family to maximize success. The children we serve will have many challenges to face throughout their lives. It is our hope that they also have lasting relationships with people who are there to call, to stay with, or to write, people who care about them, no matter what. Who better than family?

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Barbara Boisvert; Gina Brimmer; Kevin Campbell; Don Koenig; John Rose, M.D.; Mary Stone-Smith. *The authors administer Family Preservation within Catholic Community Services of Western Washington. It is funded by mental health and child welfare to provide ongoing community-based services, including therapeutic foster care and family reunification, to keep children safe and in their homes. Dr. Rose is Medical Director of Family Preservation.*

THE DANCE OF LIFE

Incorporating Disabled Children into the Life of the Spiritual Community

In September 1998, as a new pastor in Columbus, Ohio, I grew familiar with my parish in the usual ways. I visited with my parishioners, visited the shut-in and the hospitalized, and preached on Sundays. I usually went home and rested afterward, preparing for the week of pastoral care and concerns. It was in that month that my ministry was challenged by a need that presented itself in a most surprising and interesting way. I received a phone call from a woman who lived in the community, looking for a church to attend with her son. I warmly wel-

comed her to attend my church and said, "We'll look for you on Sunday." Her voice grew somber. "My son Timmy doesn't sit still for long, and he sometimes yells out loud." I tried to reassure her. "Timmy won't be doing anything unusual, as this is an African American Church, and that's rather normal." She laughed, and then began to cry. "My son is handicapped—he couldn't sit still if he tried. He has cerebral palsy and is in a wheelchair." I again welcomed her and looked for her on Sunday. They never came.

I realized after that incident I failed to meet the needs of that woman and her son. Oh sure, I could offer the church, its programming, its choirs and the building, but that was it. What those two persons needed was love that was unconditional, and a different way to express it. It then occurred to me that we weren't doing a good job at that. Primarily, the building was the first assault—no power doors and no accessibility ramp. The bathrooms were downstairs with no elevator to access them. And worse yet, the parishioners kept their physically chal-

lenged loved ones at home. Subliminally, they felt that the physically challenged needed to be outside of the church as well.

The one thing I learned at seminary can be expressed in a single sentence: “The only thing one can do with a mistake is correct it.” Invariably the correction came through the meeting of trustees, financiers, and a general contractor to change the “mistakes” of the building. The church was renovated to include power doors and ramps, with accessible bathrooms. Changing the “mistakes” of the hearts and minds of people proved to be more challenging.

Clair United Methodist Church (CUMC) got its chance to correct its mistake by incorporating itself in an MR/DD (mental retardation/developmental disability) program at a neighborhood school. The administrator thoughtfully solicited the church to come into the school and volunteer. As the pastor, I signed up and volunteered, and some of my parishioners followed. But there were some healthy skeptics who said, “Why should we do this? Couldn’t we get sued if something happened to those children? We aren’t prepared to deal with children with those kinds of problems!” I volunteered, and was enriched by the reception of the staff and students alike. They shared with me their challenges of being in a wheelchair, having problems reading and writing, and generally gaining acceptance from strangers and the community. I suddenly remembered Timmy and his mom. I realized that this was an opportunity to correct another “mistake.”

I began having a special ministry for my new found friends. I asked the choir director to start a new choir for the children at the school called Halos. The children performed on the second Sunday of each month with signed and sung songs. The Halos also performed at school functions. Their greatest achievement was a performance at the School District’s “Safe Neighborhood Night.” The Halos also read the Scriptures on Sunday morning and did sign language. The

healthy skeptics became fewer and fewer until there was a genuine spirit of love for these children that was evident. It took the church two and a half years to correct a mistake, but I believe that its correction was priceless. CUMC’s involvement with an MR/DD program was a blessing that dropped into our lap. The spiritual community should not believe that this is the only way to minister to disabled children and their families. The spiritual community should be aware that it has been a place of separation by virtue of an inaccessible building or by inaccessible people. Both are clear signs of woeful negligence to persons of worth in the sight of God. The spiritual community should be ready and willing to correct its mistakes. It will be wonderfully blessed in doing so.

The spiritual community has great opportunities for mission and ministry in schools and community service programs. Volunteers are needed and greatly appreciated. When the efforts of social advocacy, government agencies, and private humanitarian entities seem less workable, the spiritual community has an obligation of time, resources, and manpower to create meaningful experiences and programming for people with challenges. There is always someone who can do the job and is willing.

My greatest achievement as a pastor came at a Communion service when the children from the school came and participated. As Communion was served, a child in a wheelchair was wheeled by a parishioner to the front. As I gave the child Communion, she kissed me and said, “Thank you for letting me belong here.” As tears streamed down my face, I realized we all belong.

It is the responsibility of the spiritual community to make sure that happens.

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PARTNERSHIP NEWS

Georgetown National Technical Assistance Center for Children’s Mental Health. 2002 Conference! Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and Their Families: Family Involvement and Cultural Competence. Wednesday, July 10 to Sunday, July 14 in Washington, DC. Contact: Lindsey J. Kordis, Assistant Conference Manager, at 202-687-5000 or at institutes2002@mindspring.com.

Federation of Families for Children’s Mental Health. 2002 Conference! Raising Children with Mental Health Needs: Families’ Call for Action. This conference serves as a call from families to all child-serving agencies and community supports to create an environment that cares for our children and honors our families. This year’s conference will focus on projects, models, and supports that have worked for families of children and youth with mental health needs. November 22–24. www.ffcmh.org

National Indian Child Welfare Association. NICWA and the Casey Family Programs, in a joint effort as the National Indian Children’s Alliance, have produced four new research reports on Indian child welfare:

- *Title IV-B Child and Family Services Plans: An Evaluation of Specific Measures Taken by States to Comply with the Indian Child Welfare Act*
- *Child Abuse and Neglect Among American Indian/Alaska Native Children: An Analysis of Existing Data*
- *Family Preservation: A Case Study of Indian Tribal Practice*
- *Native American Kids 2001: Indian Children’s Well-Being Indicators Data Book.*

Go to: www.nicwa.org or call 503-222-4444 ext. 126.

RTC PROJECT UPDATES

Promising Practices has completed work on a report on respite care. Another report, *Promising Practices in Early Childhood Mental Health*, has just been published. See details on page 15.

Guidance for Early Childhood Program Design is launching a national survey of 100 Head Start programs to gather information about factors related to designing effective children's mental health programs. The surveys, sent to program administrators, direct service staff, and parents, were developed to assess participants' understanding of best practices in children's mental health and the organizational context and support for delivering children's mental health services. The survey will be completed this summer, and information will be used to inform the design of technical assistance and training materials for Head Start and other early childhood programs. Contact: Maria Everhart, 503-725-8465, everharm@rri.pdx.edu

The Context of Individualized Services. If a site wants to ensure quality implementation of the process of team-based individualized services planning (ISP, also often known as wraparound), what conditions must be present at the team, organization, and system levels? Project staff have derived a conceptual framework describing these conditions, and a document describing the framework is currently being reviewed by family members, practitioners, and administrators knowledgeable about ISP. Using the conditions outlined in the conceptual framework, staff are in the early stages of formulating tools for sites that are implementing ISP to use as a part of their ongoing self-assessment and development. Contact: Janet Walker, 503-725-8236, janetw@pdx.edu.

Teamwork in Practice has completed analysis of the data from the first phase of its research on interpersonal process and effectiveness in individualized services planning teams (ISP teams or wraparound teams). Data was gathered from interviews with 30 expert team members, observations of 50 meetings at sites around the country, and a review of research literature and training materials. Project staff are completing reports examining how teams can maximize their effectiveness. Staff continue to videotape team meetings. Team members then watch portions of the videos with the researchers and provide commentary about how the meeting was going. Some results from phase one are available on our website: www.rtc.pdx.edu/pgProjTeamwork.php. Contact: Janet Walker, 503-725-8236, janetw@pdx.edu.

Families as Evaluators interviewed family members who attended the training, "How to Understand Evaluation." Project staff and the family member trainees are working collaboratively to analyze the data from the interviews. Family members received copies of the data along with a

tip sheet on how to analyze qualitative data. They shared their impressions of the data during conference calls. Preliminary information on the themes from the interview data was presented at the March 2002 conference sponsored by the Florida RTC on Children's Mental Health. Slides from this presentation are posted on our web site: www.rtc.pdx.edu/pgProjEvaluators.php. Contact: Kathryn Schutte, 503-725-8464, schuttk@rri.pdx.edu.

Family Participation Survey. The purpose of this project is to study the experiences of families whose children received services for their serious emotional and behavioral disorders. Data was collected from 500 families across the country. Project accomplishments include the development of a measure of family participation across settings. The focus of current project efforts is the dissemination of findings about family participation and contact between parents and children who are receiving out-of-home care. Project reports can be downloaded from our website: www.rtc.pdx.edu/pgProjParticipation.php. Contact: Adjoa Robinson, 503-725-4160, robinsa@rri.pdx.edu.

Models of Inclusion in Child Care. Project staff have interviewed over 100 parents, child care administrators, and program staff and have conducted 25 child observations at nine child care centers that successfully include children with emotional and behavioral challenges along with typically developing peers. Preliminary analysis of interview transcripts has revealed that program staff rely upon relationships with individual children, information gathered continuously from parents, and pre-set strategies to help children control their own behaviors. Contact: Jennifer Bradley, 503-725-4170, bradleyj@pdx.edu

Common Ground? Families and Employers. Project staff have recently completed work on a paper entitled "Parents of Children with Serious Emotional Disorders: Measuring Work-family Fit, Flexibility, and Strategies." The paper was well received at a recent national conference and will be submitted for publication. Staff are also developing an on-line questionnaire to gather information about employment concerns of parents. Contact: Kitty Huffstutter, 503-725-4371, huffstutterk@rri.pdx.edu

Underrepresented Researchers Mentoring Program. For the last three years, the RTC has had the pleasure of receiving the contributions of students participating in our researcher mentoring program. Through this program, the Center hires students of color, students with disabilities, and first generation college students to work on various projects at the Center. Six students have participated in this program, and several have continued working at the Center following their completion in the program. www.rtc.pdx.edu/pgProjMentoring.php. Contact: Jennifer Simpson, 503-725-2785, simpsonj@pdx.edu



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Articles and book chapters published by other sources:

■ **CAREGIVERS’ VIEWS ON THE CULTURAL APPROPRIATENESS OF SERVICES FOR CHILDREN WITH EMOTIONAL OR BEHAVIORAL DISORDERS** by Janet Walker. 2001. *Journal of Child and Family Studies*, 10 (3), 315–331.

■ **FAMILY PARTICIPATION IN SYSTEMS OF CARE: FREQUENTLY ASKED QUESTIONS (AND SOME ANSWERS)** by Pauline Jivanjee, Barbara Friesen, Jean Kruzich, Adjoa Robinson, and Mike Pullman. In *CWTAC Updates. Series on Family and Professional Partnerships*, Issue #2, 5(1), January/February 2002. (Available online at <http://www.cimh.org> in pdf and html formats)

■ **PROMISING PRACTICES IN EARLY CHILDHOOD MENTAL HEALTH** by Jennifer Simpson, Pauline Jivanjee, Nancy Koroloff, Andrea Doerfler, and Maria Garcia, 2001. Volume III of *Promising Practices in Children’s Mental Health, 2001 Series*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research. (Free while supplies last—available to order on Publications Order Form on back cover).

■ **PROMOTING FAMILY EMPOWERMENT THROUGH MULTIPLE ROLES** by Susan McCammon, Sandra Spencer, and Barbara Friesen, 2001. *Journal of Family Social Work*, 5(3), 1–24.

Focal Point: A National Bulletin on Family Support & Children’s Mental Health

■ Back issues of **FOCAL POINT** are available upon request! See listings on our web site, www.rtc.pdx.edu, call (503) 725-4175, or e-mail rtcpubs@pdx.edu.

PUBLICATIONS ORDER FORM

□ **AN INTRODUCTION TO CULTURAL COMPETENCE PRINCIPLES AND ELEMENTS: AN ANNOTATED BIBLIOGRAPHY.** 1995. Describes articles & books that exemplify aspects of the CASSP cultural competence model. \$6.50

□ **BENEFITS OF STATEWIDE FAMILY NETWORKS: VOICES OF FAMILY MEMBERS.** 1998. Describes issues, benefits, and impacts of statewide family networks in a user-friendly format with extensive quotes from family members to illustrate finds. \$5.00

□ **BROTHERS AND SISTERS OF CHILDREN WITH DISABILITIES. AN ANNOTATED BIBLIOGRAPHY.** 1990. Reviews of literature from 1979-1989 covering topics relevant to siblings of children with emotional disabilities. Includes personal sharing and fiction, effects of children with disabilities on their siblings, relationships between children and their siblings, services and education for family members, and siblings as interveners. \$5.00

□ **BUILDING A CONCEPTUAL MODEL OF FAMILY RESPONSE TO A CHILD’S CHRONIC ILLNESS OR DISABILITY.** 1992. Proposes comprehensive model of family caregiving based on literature review. Causal antecedents, mediating processes and adaptational outcomes of family coping considered. \$5.50

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH, ADVOCACY, AND PARTNERSHIP IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 1994 CONFERENCE PROCEEDINGS.** Transcripts of plenaries including keynoter Lee Gutkind and summaries of paper and panel presentations. \$8.00

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH AND PROGRAMS IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 1995 CONFERENCE PROCEEDINGS.** Transcripts of plenaries including keynoter Karl Dennis and summaries of paper and panel presentations. \$8.00

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH AND PROGRAMS IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 1996 CONFERENCE PROCEEDINGS.** Transcripts of plenaries including keynoter Judge Glenda Hatchett and summaries of paper and panel presentations. \$8.00

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH AND PROGRAMS IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 1997 CONFERENCE PROCEEDINGS.** Transcripts of plenaries including keynoter Carl Bell and summaries of paper and panel presentations. \$11.00

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH AND SERVICES IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 1998 CONFERENCE PROCEEDINGS.** 2000. Transcripts of plenaries including keynoter Robert Naseef and summaries of paper and panel presentations. \$12.00

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH AND SERVICES IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 1999 CONFERENCE PROCEEDINGS.** 2000. Transcripts of plenaries including keynoter Beth Harry and summaries of paper and panel presentations. \$11.50

□ **BUILDING ON FAMILY STRENGTHS: RESEARCH AND SERVICES IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 2000 CONFERENCE PROCEEDINGS.** 2001.

Transcripts of plenaries including keynoter Nirbhay Singh, and summaries of paper and panel presentations. \$11.50

NEW! BUILDING ON FAMILY STRENGTHS: RESEARCH AND SERVICES IN SUPPORT OF CHILDREN AND THEIR FAMILIES. 2001 CONFERENCE PROCEEDINGS. 2002. Transcripts of plenaries including keynoter Carol Spigner and summaries of paper and panel presentations. Call or email for price.

CAREGIVERS SPEAK ABOUT THE CULTURAL APPROPRIATENESS OF SERVICES FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL DISABILITIES. 2000. In “user-friendly”, non-technical language, this report presents the results of a study of caregivers’ descriptions of ways in which their cultural beliefs and values were, or were not, respected and/or accommodated in the services provided to their children with emotional and behavioral disabilities. Nearly 300 caregivers from diverse ethnic, racial, religious, economic, and educational backgrounds participated in this study. \$4.50

CHANGING ROLES, CHANGING RELATIONSHIPS: PARENT-PROFESSIONAL COLLABORATION ON BEHALF OF CHILDREN WITH EMOTIONAL DISABILITIES. 1989. Examines barriers to collaboration, elements of successful collaboration, strategies for parents and professionals. \$4.50

COLLABORATION BETWEEN PROFESSIONALS & FAMILIES OF CHILDREN WITH SERIOUS EMOTIONAL DISORDERS. ANNOTATED BIBLIOGRAPHY. 1992. \$6.00

COLLABORATION IN INTERPROFESSIONAL PRACTICE AND TRAINING: AN ANNOTATED BIBLIOGRAPHY. 1994. Addresses interprofessional, inter-agency and family-professional collaboration. Includes methods of interprofessional collaboration, training for collaboration, and interprofessional program and training examples. \$7.00

CULTURAL COMPETENCE SELF-ASSESSMENT QUESTIONNAIRE: A MANUAL FOR USERS. 1995. Instrument to assist child- & family-service agencies assess cross-cultural strengths & weaknesses. \$8.00

DEVELOPING AND MAINTAINING MUTUAL AID GROUPS FOR PARENTS & OTHER FAMILY MEMBERS: AN ANNOTATED BIBLIOGRAPHY. 1990. \$7.50

FAMILY ADVOCACY ORGANIZATIONS: ADVANCES IN SUPPORT AND SYSTEM REFORM. 1993. Describes and evaluates the development of statewide parent organizations in 15 states. \$8.50

FAMILIES AS ALLIES CONFERENCE PROCEEDINGS. 1986. Delegates from thirteen western states. \$1.00

FAMILY CAREGIVING FOR CHILDREN WITH A SERIOUS EMOTIONAL DISABILITY. 1993. Summarizes a family caregiving model employed in a survey of families with children with emotional disabilities. Includes review, questionnaire, data collection and analysis procedures and findings. \$8.00

FAMILY INVOLVEMENT IN POLICY MAKING: A FINAL REPORT ON THE FAMILIES IN ACTION PROJECT. 1995. Outcomes of focus group life history interviews; case studies of involvement in policy-making processes; results of survey data; implications for family members and policy-makers. \$10.25

FAMILY PARTICIPATION IN THERAPEUTIC FOSTER CARE: MULTIPLE PERSPECTIVES. 1999. Presents findings of case study in a local context, examining family participation from multiple perspectives. \$9.25

FAMILY/PROFESSIONAL COLLABORATION: THE PERSPECTIVE OF THOSE WHO HAVE TRIED. 1994. Describes curriculum’s strengths and limitations, effect of training on practice, barriers to collaboration. \$7.50

FAMILY RESEARCH & DEMONSTRATION SYMPOSIUM REPORT. 1993. Summarizes recommendations from 1992 meeting for developing family research and demonstration agenda in areas of parent-professional collaboration, training systems, family support, advocacy, multicultural competence, and financing. \$7.00

FAMILY SUPPORT AND DISABILITIES: AN ANNOTATED BIBLIOGRAPHY. 1995. Family member relationships with support persons, service system for families, descriptions of specific family support programs. \$6.50

GLOSSARY OF ACRONYMS, LAWS, & TERMS FOR PARENTS WHOSE CHILDREN HAVE EMOTIONAL AND/OR BEHAVIORAL DISORDERS. 1994. Glossary excerpted from Taking Charge. Approximately 150 acronyms, laws, words, phrases explained. \$3.00

INTERPROFESSIONAL EDUCATION FOR FAMILY-CENTERED SERVICES: A SURVEY OF INTERPROFESSIONAL/INTERDISCIPLINARY TRAINING PROGRAMS. 1995. Planning, implementation, content, administration, evaluation of family-centered training programs for professionals. \$9.00

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